

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ET	926	03-05-01
RESPONSE FORMALITY REVIEW	R.B.	1070	05/04/01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 +- ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	7/26/01
2	✓
3	✓
4	0
5	0
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	0
18	✓
19	✓
20	✓
21	0
22	0
23	0
24	0
25	0
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	0
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	7/26/01
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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